

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000004628

FILED  
Jun 16, 2006  
Secretary of State

Entity Name: STUDIO ELEVEN, INC.

**Current Principal Place of Business:**

2365 PERIWINKLE WAY  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1790  
SANIBEL, FL 33957

**New Mailing Address:**

FEI Number: 65-0466968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMILLAN, LIBBY  
5830 PINE TREE DR  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

MCMILLAN, LIBBY  
8636 SOUTHWIND BAY CIRCLE  
FORT MYERS, FL 33908 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

06/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCMILLAN, LIBBY  
Address: 8636 SOUTHWIND BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete  
Name: MC MILLAN, MICHAEL D  
Address: 8636 SOUTHWIND BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: S ( ) Delete  
Name: MCMILLAN, LIBBY  
Address: 8636 SOUTHWIND BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: T ( ) Delete  
Name: MCMILLAN, LIBBY  
Address: 8636 SOUTHWIND BAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIBBY MCMILLAN

PRES

06/16/2006

Electronic Signature of Signing Officer or Director

Date